

Graduate Housing Application Form

College of William and Mary
 Phone: (757) 221-4314
 Fax: (757)221-1240
 E-mail: living@wm.edu

Unless otherwise noted most correspondence will be done over e-mail so please make sure you provide us with an active e-mail account that you check on a regular basis.

Please note: For Fall, the Graduate Complex opens for check-in on TBA. If you want to move-in before this time, you must fill out a summer housing application. Early arrivals are not guaranteed and are based on whether your apartment is ready for occupancy.

Last Name:	First Name:	MI:
Housing needed beginning (check one): Fall Semester 2012 Spring Semester 2012		
Gender: Male Female	Date of Birth (mm/dd/yy):	
Student ID Number:		
Day Phone Number:	Evening Phone Number:	
Fax Number:		
W& M E-mail Address:	Other Email Address:	
Mailing Address (as it should appear on a mailing label): 		
Additional Address (If you are changing addresses please provide your new address and the date that address goes into effect): 		

The Residence Life Staff will notify you using the above phone/fax numbers and/or e-mail address. We cannot be responsible for missed opportunities due to inaccurate or incomplete information. If you would like to include additional information, please provide this in the space provided below. This maybe necessary if you are leaving a school address on a certain date or moving. Please notify our office immediately if a change has taken place so that we can make the appropriate corrections. Thank You.

Which school have you been admitted? Arts and Sciences (list department name) _____ Business Education Law Marine Science Other: _____
--

The information below will help the Residence Life Staff make the best possible room assignments within the Graduate Complex. The preferences give will be used to make compatible assignments based on the

information provided and the availability of space. Please indicate the most appropriate rezones to each of the following questions.

1. Are you a smoker? Yes No

2. Would you mind if your roommate smokes? Yes No

3. Would you prefer to live with others in your academic program? Yes No

4. Would you prefer roommates who follow a "regular" schedule? "Regular" = sleep approximately 11pm - 7am. Yes No

5. Is it important to you that the apartment is kept neat and clean? Yes No

6. Do you have a particular roommate in mind? Yes No
If yes, please provide the name _____

7. Would you prefer a two, three, or four bedroom apartment? Please rank:
_____ two bedroom apartment (shares 1 bathroom)
_____ three bedroom apartment (shares 1 bathroom)
_____ 4 bedroom apartment (shares 2 bathrooms)

8. Please indicate which 2 items above should be given the highest priority.

Please print, complete and return this application (by mail) to: The Office of Residence Life, PO Box 8795, The College of William and Mary, Williamsburg, VA 23187-8795 or (by fax) to: 757.221.1240. If you would like written confirmation that our office has received your Housing application, please enclose a self-addressed stamped envelope.